

TRANSMISSION VERIFICATION REPORT

TIME : 08/17/2006 14:24
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BRDH4J832840

DATE, TIME 08/17 14:22
FAX NO./NAME 99208409
DURATION 00:02:53
PAGE(S) 05
RESULT OK
MODE STANDARD

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Air*

CITY OF SACRAMENTO
CASHIER'S WORKSHEET

RECEIPT NUMBER: R0615263
TRANSACTION DATE: 08/17/2006
TRANSACTION AMOUNT: 189.68
NOTATION:

ISSUED
CITY OF SACRAMENTO
AUG 17 2006
DOWNTOWN PERMIT
CENTER

APD #: 0612593
SITE ADDRESS: 5492 DUNLAY DR SAC
PARCEL: 201-0500-006

TYPE: Bldg Minor Permit
SUB-TYPE: RES
HOUSING: N
STATUS: ISSUED

Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	189.68

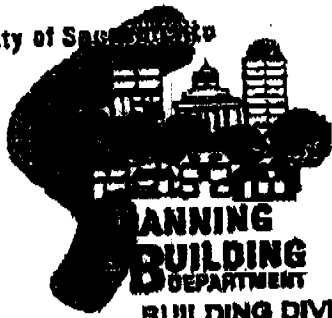
RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	2.96	.00	2.96
213	General Plan Surcharge	1760	4.72	.00	4.72
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

Building Permit

City of Sacramento

Revised



BUILDING DIVISION (916) 808-BLDG (2534)

***** Office Use Only *****

Permit No: 0612593
Date Issued:
Total Amount: 189.00 CITY OF SACRAMENTO

ISSUED

***** Please Fill in the Following *****

Site Address: 5492 DUNLAX Drive
Nature of Work: C/O SPUT SYSTEM IN GARAGE

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)

Lender's Name: Lender's Address:

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect. License Class C-20 License Number 481974 Date 8/15/06 Signature Earl Cox

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code: any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their only compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. 7031.5 & PC for this reason:

Date: Owner Signature:

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the above-mentioned property for inspection purposes.

Date AUG 15/06 Applicant/Agent Signature Earl Cox

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier STATE FUND
Policy Number 11624742-2005 Expiration Date 10/06

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date AUG. 15/06 Applicant Signature Earl Cox

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

0612593

Certificate of Compliance Prescriptive Method - HVAC-only Alteration CF-1R-ALT

Project Title: <i>KRISTINA RODRIGUEZ</i>	Date: <i>8-12-06</i>	© CalCERTS 2005 Enforcement Agency Use Only
Project Address: <i>5492 Dunlap St</i>	Climate Zone: <i>12</i>	Building Permit #
Documentation Author: <i>DAVID PICKERING</i>	Telephone: <i>910-928-1312</i>	Rian Check Date
Company Name: <i>SEARS</i>		Filed/Check Date

IMPORTANT: This CF-1R-ALT form is only for use when an HVAC-only alteration is made to an existing home. Use one form for each system being altered. This is system # _____ of _____ systems altered in this house.

Check all lines that apply. Check only lines that apply.

Scope of Alterations:

- 1 An Air Handler is to be installed or replaced. Duct sealing to be determined. Continue to next line.
- 2 A Furnace Heat exchanger is to be installed or replaced. Duct sealing to be determined. Continue to next line.
- 3 An outdoor condensing unit is to be installed or replaced. Duct Sealing and/or TXV(RCA) to be determined. Continue to next line.
- 4 A cooling or heating coil is to be installed or replaced. Duct Sealing and/or TXV(RCA) to be determined. Continue to next line.
- 5 More than 40 feet of new or replacement duct are to be installed in unconditioned space. Duct sealing to be determined.
 Check here if the entire duct system is also to be new or replaced. Continue to next line.
- 6 If none of lines 1-5 are checked, neither Duct Sealing nor TXV(RCA) are required. Go to Section 5.

Section 1 - Duct Sealing (Only if any of Lines 1, 2, 3, 4 or 5 are checked. Skip if Line 6 is checked.)

- 7 This system is in Climate Zone 1, 3, 4, 6, 7, or 8. No duct sealing is required. Go to Section 2.
- 8 This system has less than 40 feet of ducts in unconditioned space. No duct sealing is required. Go to Section 2.
- 9 This system was previously sealed and tested, and was certified by a HERS rater. No duct sealing is required. Attach previous CF-4R form. Go to Section 2.
- 10 This duct system is sealed or insulated with asbestos. No duct sealing is required. Go to Section 2.
- Note: If the entire duct system is to be new or replaced, Lines 11-14 do not apply.
- 11 In Climate Zones 2, 12 and 16: An 0.82 AFUE furnace will be installed in lieu of duct sealing (and TXV, if applicable).
- 12 In Climate Zones 10, 13 and 15: An SEER 14 AND EER 12 condenser will be installed with TXV(RCA) AND added duct insulation (R-4 over an existing ducts, R-8 new ducts) in lieu of duct sealing. Go to Section 2.
- 13 In Climate Zones 9, 10, 11, 13, 14, or 16: An SEER 14 AND EER 12 condenser will be installed with TXV(RCA) AND a 0.82 AFUE furnace will be installed in lieu of duct sealing. Go to Section 2.
- 14 In Climate Zones 2, 9, 11, 12, 14 or 16: An SEER 14 AND EER 12 condenser will be installed with TXV(RCA) AND an 0.82 AFUE furnace will be installed with increased duct insulation in lieu of duct sealing. Go to Section 2.
- 15 None of lines 7-14 above are checked. Duct Sealing is Required. Continue.

Section 2 - TXV(RCA) (Only if Lines 3 or 4 are checked, otherwise got to Section 3)

- 16 The system being altered is a package unit. No TXV(RCA) is required. Go to Section 3.
- 17 This system is in Climate Zone 5 and a 14 SEER air conditioner or 0.82 AFUE furnace is being installed. No TXV(RCA) is required. Go to Section 3.
- 18 This system is in Climate Zone 1, 3, 4, 5, 6, or 7. No TXV(RCA) is required. Go to Section 3.
- 19 This system is in Climate Zone 16 and line 14 is not checked. No TXV(RCA) is required. Go to Section 3.
- 20 This system is in Climate Zone 16 and line 14 is checked and not line 16. TXV(RCA) is required. Go to Section 3.
- 21 This system is in Climate Zone 2 or 8-15 and line 11, 16 or 17 is not checked. TXV(RCA) is required. Go to Section 3.

Section 3 - HERS Rater verification

- 22 If line 15 is checked, HERS verification is required for Duct Sealing.
- 23 If line 12, 13, 14, 20 or 21 are checked and not line 16 or 17, HERS verification is required for TXV(RCA).
- 24 If line 12, 13 or 14 are checked, HERS verification is required for 12 EER.

Section 4 - Equipment Efficiencies

- 25 If lines 11, 12, 13, 14 or 17 are checked, upgraded equipment efficiencies are required. List in Section 6.

Section 5- Duct R-Values

- 26 If more than 40 feet of duct is being installed or replaced, duct R-value must meet or exceed Package D requirements.
- 27 If less than 40 feet of duct is being installed or replaced, duct R-value must meet or exceed R-4.2

Section 6 - see next page

Version 03-10-08

This form can only be used on projects being verified by CalCERTS certified raters.

Certificate of Compliance Prescriptive Method - HVAC-only Alteration CF-1R-ALT

Project Title: KRISTINA RODRIGUEZ	Date:	© CalCERTS 2005
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IMPORTANT: This CF-1R-ALT form is only for use when an HVAC-only alteration is made to an existing home. Use one form for each system being altered. This is system # of systems altered in this house.

Section 6 - Minimum Requirements for Equipment to be Installed/Altered.

Installed equipment must match specification and meet or exceed efficiency/R-values.

28	Configuration:	<input checked="" type="checkbox"/> Split system	<input type="checkbox"/> Package Unit
29	Air Handler:	<input checked="" type="checkbox"/> Gas furnace, AFUE <u>90%</u>	<input type="checkbox"/> Heatpump FAU <input type="checkbox"/> Hydronic FAU <input type="checkbox"/> Other
30	Heat Exchanger:		
31	Outdoor Condensing Unit:	<input checked="" type="checkbox"/> A/C	<input type="checkbox"/> Heatpump
32	Coef'n of heating coil:	<input checked="" type="checkbox"/> A/C	<input type="checkbox"/> Heatpump <input type="checkbox"/> Hydronic
33	Ducts:	Location:	Length (ft):

All mandatory measures apply to any altered component. See MF-1R-ALT form.

Compliance Statement:

This certificate of compliance lists the building features and specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall project responsibility. The undersigned recognizes that compliance using duct sealing, verification of refrigerant charge, and TXV require installer testing and certification and verification by an approved HERS rater.

Home Owner or Authorized Agent:	Documentation Author:
Name: KRISTINA RODRIGUEZ	Name: David Pickering
Address: 5492 DUNLAP ST	Company Name: SEARS
City/State/Zip: SACRAMENTO CA 95835	Address: 1200 DEL PASO RD
Phone: 916-928-1312	City/State/Zip: SACRAMENTO CA
Signature: <i>[Signature]</i>	Phone: 916-830-3400
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>

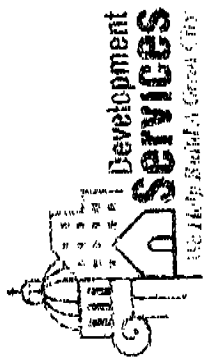
Enforcement Agency (Building Department):	Notes/Comments:
Name:	
Title:	
Department:	
Phone #:	
Fax #:	
Signature or Stamp:	

Required forms:
 CF-1R-ALT: by anyone. Required at time of permit application. Copies to home owner, enforcement agency, HERS rater.
 CF-6R-ALT: by installing contractor. Required to close permit. Copies to home owner, enforcement agency, HERS rater.
 CF-4R-ALT: by HERS rater. Required to close permit. Copies to home owner, enforcement agency, installer. The CF-4R forms for a sample group shall not be released until all testing and verification is completed and passed for the entire group.
 Version 03-10-06

This form can only be used on projects being verified by CalCERTS certified raters.

WAITING FOR D.R. FORM

REVISED



New City Hall
915 I Street, 3rd Floor
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

www.cityofsacramento.gov
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection Request: 1-916-808-7522

16-808-8370

North Permit

New City Hall - Fax # 916-808-1901

Date: Aug. 15/2008

FAXBACK MINOR PERMIT APPLICATION

Permit # _____

Faxback request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to audit fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM

Design, Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Job Address: 5492 DUNLAY DRIVE
 CONTACT INFO Name: EARL COX
 Property Owner: KRISTINA RODRIGUEZ
 Address: 5492 DUNLAY DRIVE
 City/State/Zip: SACRAMENTO, CA 95835
 Phone: 916-928-1312

Job Type: RESIDENTIAL APARTMENTS (1+ units per building) COMMERCIAL (Industrial)
 Unit # _____ Contract Price: 407.00
 Phone # 916-922-3995 Email: kleen-air@yahoo.com
 Contractor: KLEEN AIR License # _____
 Address: 1657 SILICA AVENUE
 City/State/Zip: SACRAMENTO, CA 95815
 Phone: 916-922-3995 Fax: _____
 Pre-Registered? YES NO Registration # E050063

Nature of Work: Provide description of work & indicate type of work in selections below:

Description of Work: Change Out Split system in Attic

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Ply <input type="checkbox"/> Vinyl <input type="checkbox"/> Shown	<input checked="" type="checkbox"/> HVAC Installations (Residential Only) <input checked="" type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elec. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below): _____ Value of deck work: \$ _____ Equipment: \$ _____ Cap-wr: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termite Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud/Sill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
Office Use Only:	Parcel #:	Date Received:	Date Issued:	Permit #:
				<u>0612593</u>

849

920